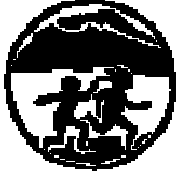


The Vac Scene[®]

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Now Available! Laminated Card Version of 2003 Childhood and Adolescent Immunization Schedule

The very popular, user-friendly laminated card version of the 2003 Childhood and Adolescent Immunization schedule is now available. Designed for use by health care providers, a copy is enclosed in this *Vac Scene* issue. To order additional cards, health care providers in King County may call Ricky Robles at 206-205-1054. Providers *outside* of King County, please call Healthy Mothers, Healthy Babies at 1-800-322-2588. The 2003 Childhood and Adolescent Immunization Schedule is also available online at:

www.cdc.gov/nip/recs/child-schedule.htm

A version of the schedule can also be downloaded onto a palm handheld computer from this site.

NEWS FROM PUBLIC HEALTH'S VACCINES FOR CHILDREN (VFC) PROGRAM

MAY IS BENCHMARKING MONTH

The merry month of May is again *Benchmarking Month*. You should have already received your benchmarking materials in the mail. If you have benchmarked before, the procedure is the same as in previous years. ***If you are new to benchmarking***, please refer to the instructions that accompany the forms and don't hesitate to call VFC at (206) 296-4774 with any questions.

This once-a-year activity is a critical part of the process to determine federal vaccine program funding levels for Washington state and is consequently required by CDC for all VFC participating providers. Thoroughly completing benchmarking forms is VERY IMPORTANT to assure Washington and King County's VFC Program get a fair and accurate allotment of federal VFC funding. Washington currently receives 58% of its vaccine funding from CDC's VFC budget.

Federal funding pays for "VFC-eligible" children, who include uninsured, under-insured, Medicaid eligible, and Alaskan Native or Native American children. State funding fills in the gaps so that all children and teens under the age of 19 can receive free vaccinations. Washington is one of only 11 "universal" states currently providing funding to buy vaccine for *all* its children. Providers in "VFC-only" states must screen patients for VFC eligibility with every immunization office visit.

The Vaccine Retirement Home

Several providers have DT vaccine on hand that is soon to expire. This is a low-demand vaccine and the VFC Program expects a certain amount to be returned unused. Be sure to **return expired, unopened vaccine vials** to Public Health. We then return it to the manufacturer and receive a partial refund

and sometimes dose-for-dose replacement, both of which save significant sums of money. Help us make every immunization program dollar count by returning your expired vaccine!

NOTE: Partial vials cannot be returned; please dispose with other hazardous waste. According to King County Solid Waste Regulations Title 10:

- both live and attenuated vaccines are biomedical waste so partial vials should be disposed of in a sharps container
- empty vials can be thrown away in the garbage but be sure they are empty

Prevnar - Don't Count Your Chickens...

Some King County providers have resumed giving the 4th dose of Prevnar to all children. A national shortage affecting pneumococcal conjugate 7-valent (Prevnar) is still occurring. King County has been fortunate; we have maintained a steady supply of Prevnar for the last 12 months. However, because deliveries from the manufacturer remain unpredictable, the CDC is restricting the number of doses supplied to VFC programs nationwide. **PLEASE continue to defer the 4th dose of Prevnar for healthy children even when your site is not experiencing an immediate shortage.** You will see a Broadcast Fax from Public Health when we receive word that the national shortage is officially over.

PERTUSSIS ALERT!

During January through April 2003 in King County, seven infants 120 days of age or younger have been reported with pertussis, five of them requiring hospitalization.

Those hospitalized were either 3 or 4 weeks old at the time of the onset of their symptoms. *All seven infants were exposed by close relatives or household contacts, i.e. siblings or parents.*

Providers may wish to give this information to parents who hesitate to immunize their children on schedule as recommended. Providers are encouraged to consider pertussis as a part of your differential diagnoses when infants and siblings present with URI and cough. Remember to ask about other household members and close contacts, e.g. childcare providers, who may have had a recent cough illness. And remember to **use appropriate contact precautions when examining and obtaining specimens from possible pertussis cases to avoid becoming a pertussis patient yourself!**

CHILD PROFILE: A GOOD TIME TO CONSIDER PARTICIPATION

If you haven't seen CHILD Profile lately, there are new reasons to consider taking part in this state-wide program.

What is CHILD Profile? CHILD Profile is Washington State's health promotion and immunization registry system designed to help ensure Washington's children receive the immunizations and other preventive health care they need. CHILD Profile includes a statewide immunization registry for health care providers and a program of health promotion materials sent to parents of all children from birth to age six.

What is the immunization registry? The immunization registry is a **free** secure, web and text-based computer system that helps health care providers keep track of children's immunizations. It helps parents and providers ensure that immunizations are up-to-date. An accurate record is available in an emergency or when families move or change providers. The registry also helps physicians manage immunization reporting and respond to parent and school requests for immunization records.

How does the registry work? As a health care provider, you can register and obtain training *free* as a user of the CHILD Profile Immunization Registry. Immunization data are added to each record when a child visits a private or public health care provider who participates in the registry. Data are also put into the registry via batch data from providers and health plans. Using a text or web-based format, you can

- access your patients' demographic and immunization data
- update the registry with new immunization information
- view, update, and print a complete immunization history for parent, school, or camp requests
- better track clinical immunization history and avoid duplicate immunizations received at other provider locations and missed doses
- create vaccine accountability and benchmarking reports (currently available in the text-based system, web-based capability expected in 2004)

How can you try out CHILD Profile now? Visit the registry's web page - <http://www.childprofile.org>. Click on the link "Information for Providers," and access demo screen shots of both the web- and text-based systems. If you want to see a **live** demo of the web version, contact the CHILD Profile Help Desk to request a password, or to set up an in-person visit with a CHILD Profile staff member.

Are you concerned about HIPAA? CHILD Profile meets all HIPAA requirements. CHILD Profile has a specific statement for providers which explains how participation in the immunization registry relates to HIPAA and RCW 70.02, Washington's Health Care Information Access and Disclosure Act. Call or email the Help Desk to request your free copy. *CHILD Profile is a secure and permanent record accessible only to health care providers who have registered to participate.*

For more information or to register, contact CHILD Profile Help Desk by phone (800) 325-5599 or (206) 205-4141 or email cphelpdesk@metrokc.gov.

VACCINE CHAMPION

Vaccine Champions—One Phone Call Away
This month's Vaccine Champion is anyone who has ever nervously called Public Health to report a too-cold refrigerator or a box of vaccine left out on the counter. The majority of King County's VFC Program providers have experienced a vaccine storage incident at one time or another. In some cases, the vaccine remains "viable" and everyone breathes a sigh of relief; other times, unfortunately, the storage conditions have "compromised" the vaccine and it can no longer be used with confidence in its effectiveness. The message we would like to convey, however, is that *we are here to help you* figure out these difficult situations.

We believe that a Vaccine Champion is someone who calls Public Health when she or he is in doubt about the safety of their practice's vaccine supply. We will listen and work with you to make the best of the situation. Mistakes happen, and

this is an opportunity to learn more about vaccine handling and assuring quality vaccines for your patients.

SMALLPOX RESOURCES

It seems that there's always something new to learn about smallpox vaccine, like new guidelines about who should (or shouldn't get it) and news about adverse reactions. So how can you stay up-to-date on the latest information? CDC's Bioterrorism website has all the information you want to know about smallpox vaccine and the current national smallpox vaccination program at <http://www.bt.cdc.gov/agent/smallpox/index.asp>

MMR: SINGLE ANTIGENS AN OPTION?

A question, frequently asked by both providers and parents, is about the availability of the single antigens contained in the MMR vaccine.

According to Merck, while MMR was in short supply, single antigen vaccines for measles, mumps, and rubella were not available, so they could be used to make the combined MMR vaccine. Measles and mumps antigens are still on "long-term backorder" with these antigens "not available at all in 2003". Rubella antigen is sometimes available and sometimes on backorder. Currently, it is available in single doses only (not ten doses per box, which are on "short-term backorder"). VFC does not provide these single antigen vaccines, even when in stock, so providers would need to purchase them separately.

The ACIP recommends that combined measles-mumps-rubella vaccine (MMR) be used when any of the individual components is indicated. Incidentally, there is no thimerosal in MMR.

11-12 YEAR OLD VISIT: GOLDEN OPPORTUNITY TO GIVE VARICELLA

In 1996, in an effort to boost adolescent immunization rates, ACIP, AAP, AMA and AAFP called for a routine immunization visit at 11-12 years of age. The purpose of this visit is to evaluate current immunization status and provide those vaccines the child still needs.

Varicella vaccine coverage rates remain lower than desired. The recommended 11-12 year old well child visit is still the "Golden Opportunity" to evaluate and administer varicella to those who lack a reliable history of chickenpox.

NEW IMMUNIZATION RESOURCES

"Vaccines and Your Baby" Video
Free to health professionals, this 29 minute video is available as a teaching tool for expectant and new parents. Developed by the Vaccine Education Center at Children's Hospital of Philadelphia (CHOP), the video describes the 11 diseases prevented by vaccines, how the vaccines are made and how they work, utilizing engaging computer animation and clearly written dialogue. Health professionals can request *two free* videos plus a companion 40-page booklet by either calling (215) 590-9990 or via e-mail request at vaccines@email.chop.edu.

Link Between Thimerosal and Autism is Improbable
An article that will be useful to physicians in allaying parents' concerns about thimerosal content in vaccines, "*Thimerosal and Autism?*" appeared as a commentary article in the March issue of Pediatrics. The scientific literature review, written by two neuropathologists, Karin B. Nelson, MD, of the National Institute of Neurological Disorders and Stroke, and Margaret L. Bauman, MD, of Harvard Medical School, finds that a link is improbable between thimerosal exposure and the development of autism.

The article clearly demonstrates that the characteristics of mercury toxicity and autism are so dissimilar that it would be

difficult to confuse them. “No case history has been encountered in which the differential diagnosis of these two disorders was a problem. Most important, no evidence yet brought forward indicates that children exposed to vaccines containing mercurials, or mercurials via any other route of exposure, have more autism than children with less or no such exposure. Continuing vigilance is necessary regarding the safety of vaccines, as is open-minded evaluation of new evidence. However, such evidence must be of sufficient scientific rigor to provide a responsible basis for decisions that influence the safety of children.”

Most articles in Pediatrics are available only to subscribers. The editor of Pediatrics generously made this important article available on the Internet. To access a camera-ready (PDF) copy of the complete article from the Pediatrics website, go to: <http://www.pediatrics.org/cgi/reprint/111/3/674.pdf>